

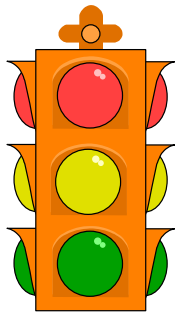
# Asthma Action Plan

Name \_\_\_\_\_

Doctor: \_\_\_\_\_ Date of plan: \_\_\_\_\_

\*Personal Best peak flow: \_\_\_\_\_ Expected: . \_\_\_\_\_




\*(Use expected peak flow as an estimate until personal best can be determined. )



Green means GO!

Yellow means CAUTION!

Red means STOP!

ZONE	Signs and Symptoms	Medications to take		
<div>Green Zone</div> <div></div>	<ul style="list-style-type: none"><li>Breathing is good</li><li>No coughing or wheezing</li><li>Can work and play</li><li>Peak flow is _____ or more (80% to 100% of personal best)</li></ul>	Medicine	How much	When
<div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div><input type="checkbox"/> To block asthma symptoms triggered by exercise, take 2 puffs of albuterol <u>before</u> sports or strenuous activity.</div>				
<div>Yellow Zone</div> <div></div>	<ul style="list-style-type: none"><li>At the first sign of a cold.</li><li>If having asthma symptoms more than twice a week.</li><li>If using rescue medication (albuterol) more than twice a week.</li><li>If waking at night with symptoms more than twice a month.</li><li>If peak flow is _____ to _____ (50% to 80% of personal best)</li></ul>	Medicine	How much	When
<div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>Continue Yellow Zone medications until:</div>				
<div>Red Zone</div> <div></div>	<ul style="list-style-type: none"><li>If medicine is not helping.</li><li>If breathing is hard and fast.</li><li>If can't talk without stopping for breath.</li><li>If peak flow is less than _____ (less than 50% of personal best)</li></ul>	Medicine	How much	When
<div>_____</div> <div>_____</div> <div>_____</div> <div>If symptoms do not improve and you cannot contact your doctor, go to the ER or call <b>911</b> immediately.</div>				
Physician: _____ Date: _____ <div>Signature of physician</div>				
Patient/Parent: <input type="checkbox"/> I have been given a copy of this Plan and consent to share it with AERC's Asthma Educator. <input type="checkbox"/> I consent to share this Plan with the nurse at my child's school as appropriate. <div>_____ Date: _____</div> <div>Signature of patient or parent/guardian</div>				